



## Federal Update for July 14 - 18, 2014



### ***Walz, Miller, Duckworth Introduce Comprehensive Legislation to Tackle Veteran Suicide***

Washington, DC [7/10/14] – Today, Representatives Tim Walz (D-MN), Chairman of the VA Committee Jeff Miller (R-FL), and Tammy Duckworth (D-IL) announced the introduction of the Clay Hunt Suicide Prevention for American Veterans (Clay Hunt SAV) Act, a comprehensive bill to prevent veteran suicide and help our nations heroes who may be struggling get the care and support they need. According to statistics, it is estimated that 22 veterans are lost to each day to suicide.

The legislation is named in honor of Iraq and Afghanistan War Veteran and suicide prevention advocate Clay Hunt. Hunt epitomized what it meant to live a life of service, both in and out of uniform. Hunt, who helped countless veterans overcome their demons, tragically took his own life in March of 2011. The legacy he left behind, however, will live on for generations to come.

“One veteran lost to suicide is one too many,” said Rep. Walz. “While the wars overseas may be ending, all too often our heroes return only to face a war of their own at home. While there is no bill that will completely end veteran suicide, this comprehensive, bipartisan measure is a step in the right direction. I’m proud to have worked with Chairman Miller, Rep. Duckworth, a combat veteran herself, IAVA, and the VFW to introduce this bipartisan, important legislation. I urge my colleagues to support this measure so that we can pass it quickly into law.”

“The key to curbing the epidemic of veteran suicides is improving the accessibility and effectiveness of mental health care available to our returning heroes. Over the past seven years, VA's mental health care staff and budget have grown by nearly 40 percent, but the fact remains, veterans are still committing suicide at a frightening pace. This slow-motion national tragedy is likely to continue as long as the Department of Veterans Affairs sticks to its normal, business-as-usual

approach of treating veterans where and how VA wants as opposed to where and how veterans want,” said Rep. Jeff Miller, Chairman, House Committee on Veterans’ Affairs. “The Clay Hunt Suicide Prevention for American Veterans Act will help create a greater accounting of available services and an enhanced community approach to delivering veterans suicide prevention and mental health care treatment, which is why I urge my colleagues to join me in supporting it.”

“As a nation, we have a commitment to our veterans to make sure that they receive the care that they need, and that means reducing barriers to care however we can. When an average of 22 Veterans commit suicide every day, we are failing them,” said Rep. Duckworth. “I am proud to join with Congressman Walz and Chairman Miller in introducing this legislation that is a crucial step in reducing veterans suicide.”

“The Clay Hunt SAV Act will change thousands of lives for the better by providing access to top-quality mental health care. We salute Chairman Miller, Congressman Walz, and Congresswoman Duckworth for their leadership on this issue,” said IAVA CEO and Founder Paul Rieckhoff. “With work days on the Congressional calendar dwindling, we urge Congress to move swiftly to pass this legislation before August recess. Taking this step to reverse the suicide trend among our veterans should be a priority, not a political fight. Congress must pass this bill as soon as possible. Our veterans cannot afford to wait for summer recesses and election campaigns. They deserve action now.”

“The VFW is proud to support the Clay Hunt Suicide Prevention for American Veterans Act, which includes suggestions that we brought to Congress from those on the ground - the military community, mental health care providers, family caregivers, and the veterans who face the effects of mental health wounds every day,” said Raymond C. Kelly, VFW Director of National Legislative Service.

“Veterans’ suicide is a national crisis, and we thank Chairman Miller and Representatives Walz, and Duckworth for their leadership in facing this complex problem.”

The Clay Hunt SAV Act will help address the veteran suicide epidemic in our nation by:

#### Increasing Access to Mental Health Care:

- Amends the requirements for reviewing potentially improper discharge characterizations of individuals diagnosed with PTSD or TBI so that vets can get full access to the care they have earned—this language is similar to a Walz bill, HR 975, the Servicemembers Mental Health Review Act.
- Requires the VA to create a one-stop, interactive website to serve as a centralized source of information regarding all mental health services for veterans.

#### Increasing Capacity to Meet the Demand for Mental Health Care:

- Addresses the shortage of mental health care professionals by authorizing the VA to conduct a student loan repayment pilot program aimed at recruiting and retaining psychiatrists.
- Requires the DoD and National Guard to review the staffing requirements for Directors of Psychological Health in each state.

#### Improving the Quality of Care for Troops and Veterans:

- Requires a yearly evaluation, conducted by a third party, of all mental health care and suicide prevention practices and programs at the DoD and VA to find out what's working and what's not working and make recommendations to improve care.

#### Providing Continuous, Seamless Care to Troops and Veterans:

- Establishes a strategic relationship between the VA and the National Guard to facilitate a greater continuity of care between the National Guard and the VA.
- Authorizes a Government Accountability Office (GAO) report on the transition of care for PTSD and TBI between the DoD and the VA.

#### Developing Community Support for Veterans:

- Establishes a peer support and community outreach pilot program to assist transitioning servicemembers with accessing VA mental health care services.

Representative Tim Walz (D-MN), spent 24 years in the Army National Guard and is the highest ranking enlisted soldier to ever serve in Congress. Representative

Tammy Duckworth (D-IL) has been serving in the National Guard for 22 years and is currently a Lieutenant Colonel in the Illinois Army National Guard.

## ***POW/MIA Update ► Ongoing JPAC/DPMO Reorganization Action***

Senior DoD civilian, Alisa Stack, was appointed to head a transition team, the Personnel Accounting Consolidation Task Force (PACT) that, reportedly, includes government specialists in each area to be addressed, from structure of the new agency, to the number of personnel, budget requirements, interface with other departments and agencies, and communication with the families. Secretary of Defense Chuck Hagel and Assistant Secretary of Defense for Special Operations & Low Intensity Conflict (ASD/SOLIC) Michael Lumpkin both stated that communication with the families must be a very high priority consideration in how the new agency performs. Since her appointment, Ms. Stack and PACT members have been actively interviewing interested people, in and out of government, plus appear to be focused on ensuring that a wide variety of voices are heard, responsible and irresponsible, rational and irrational, so the outcome will be interesting.

An outside firm, The Clearing, was contracted to branch out to obtain input from family members from all wars on their personal experiences in dealing with the various accounting community organizations. In addition to DPMO, JPAC and LSEL (specifically named in the restructure directive and by Congress), these include the Service Casualty Offices, AFDIL, and individuals within the various organizations. The Clearing is seeking the views of all who are willing to talk with them and can be reached via the Internet by emailing [voiceofthefamilies@theclearing.com](mailto:voiceofthefamilies@theclearing.com). Family members from all wars are urged to provide their views and, in view of the comparatively small number of Vietnam War family members affected, the League is hopeful that ALL Vietnam War families take this opportunity to remind members of PACT, The Clearing and senior DoD officials that uncertainty about Vietnam War missing men is still a significant factor for the families, much more so than remains recoveries of known dead from earlier wars and conflicts. The League supports accounting for losses in WWII, Korean War and Cold War, but in addition to focusing priority on Vietnam War accounting, not to its detriment.

Following review and approval by newly confirmed Undersecretary of Defense for Policy (USD-P) Christine Wormuth, the PACT recommendations will be provided to Deputy Secretary of Defense (DepSecDef) Robert Work. That presentation is anticipated for mid-August and, once he has approved, the final recommendations will go to Secretary Hagel. In the interim, ASD/SOLIC Lumpkin has been invited to testify before the House Armed Services Committee's (HASC's) Subcommittee on Military Personnel on July 15th, as has the newly named head of DoD's CAPE, Dr. Jamie Morin. Reportedly, he will report on CAPE's findings from their 12 months investigation, and ASD Lumpkin will testify about ongoing efforts to restructure the accounting community.

## **FIELD OPERATIONS**

**Laos.** JPAC had planned to conduct a Joint Field Activity (JFA) in Laos January 14th to February 17th, but it was cancelled due to complications related to receipt of timely funding. Three Recovery Teams (RTs) had been scheduled, along with one Investigation Team (IT), augmented by the DIA Stony Beach specialist. A longer JFA began March 4th and concluded April 14th, though only one RT and one IT were deployed. The next JFA in Laos started May 9th and concluded June 22nd, with only two RTs, again far below the cap of 53 US personnel operating simultaneously in Laos. JPAC will host bi-annual POW/MIA Consultations with Laos on August 26th in Hawaii.

**Cambodia.** Operations in Cambodia by one RT and one Underwater Recovery Team (URT), postponed twice in 2013, finally took place January 28th – April 2nd, 2014. Since the Stony Beach specialist is permanently in-country and conducts investigations when and where needed, ITs are not routinely scheduled in conjunction with JPAC Cambodia operations. There are no identified sites currently awaiting excavation/recovery; therefore, no JFAs are scheduled in Cambodia until early 2015. The 2013 cancellations had little to do with funding shortages and much to do with internal mishandling of contractual authorities by some in JPAC with no mission-related experience in SEA. Objections were posed to the payment authorization process that had been in place for over 20 years. As a result, all operations were halted while a solution was found, satisfactory to the puzzled Cambodians leaders, as well as the US Ambassador and his staff. The solution was establishing an "Order for Services" document, then convincing Cambodian officials that it was acceptable, though they regularly accommodate all US requests and concerns. For the first time in over 20 years, technical level

talks will not be held with the Cambodians in FY2014, but plans are being made for senior level discussions with Cambodia's POW/MIA Committee leadership in late October or early November.

**Vietnam.** Four RTs conducted operations in Vietnam February 28th – March 27th. Two ITs also deployed on that JFA, plus the RIT (Research Investigation Team) and a Field Forensic Review (FFR) at the end of the JFA. Only three RTs were deployed to Vietnam for the May 20th – June 22nd JFA, plus two ITs. An underwater operation previously scheduled along the coast of northern Vietnam was cancelled, again reportedly due to lack of available funding. There will be another JFA in Vietnam before the end of FY2014, August 5th to September 7th, involving four RTs, one Vietnamese Recovery Team (VRT) and one IT, plus the RIT will again conduct interviews and investigations on LKA cases. JPAC will host the annual Technical Talks with the Vietnamese on September 23rd in Hawaii.

**Worldwide.** While Vietnam War-related accounting missions slowed, six RT's worked in Germany from April 1st to May 18th on WWII recoveries. In addition to returning to Germany May 10th – June 21st, and an overlapping team June 15th to July 23rd working on the same two large WWII bomber sites, there was one IT in Burma from April 28th to May 29th. A special RT has reportedly just concluded its work on a 1952 US loss being exposed by a melting glacier in Alaska. On this unusual site, there have already been 17 remains recovered and identified, and prospects for additional accountability are high. There will also be an underwater recovery in Botwood Bay, a harbor in Canada, of a WWII "flying boat" that crashed on take-off, and one RT in the Solomon Islands to recover WWII remains July 8th to August 6th.

**League Chairman Ann Mills-Griffiths' Comment:** With the above record of on-again, off-again field operations, is it any wonder that Vietnam, Laos and Cambodia are questioning US commitment to the accounting mission? The relatively well-developed working relationship that has evolved since the first joint recovery in Laos in 1984 should mean that field operations are conducted at the pace and scope necessary to achieve long-stated accounting objectives, but such is not the case. There are multiple reasons, initially from congressionally-imposed sequestration, required budget cuts that hit JPAC disproportionately, due to PACOM "borrowing" some of JPAC's funding for other uses. Cutbacks and cancellations are also due to an inadequate number of deployable JPAC forensic

anthropologists, weather restrictions in specific areas that then complicate obtaining specialists needed for specific recoveries, and the list goes on. Of immediate concern is the need to change existing policy concerning deployable scientific personnel for field operations. If not changed, there will continue to be sporadic reductions in Vietnam War accounting operations, due to competing attention to WWII recoveries in the congressionally-mandated quest for higher numbers of IDs. [Source: The National League of POW/MIA Families <http://www.pow-miafamilies.org> Jul 9, 2014 ++]

## ***POW/MIA Recoveries***

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,822) Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to [http://www.dtic.mil/dpmo/accounted\\_for](http://www.dtic.mil/dpmo/accounted_for).

For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

### **Vietnam - None**

### **Korea**

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 3 JUL that the remains of a U.S. serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Cpl. Cletus R. Lies, 26, of Bremen, N.D., was buried July 3, in New Rockford, N.D. In late 1950, Lies was assigned to the Medical Company, 32nd Infantry Regiment, 31st

Regimental Combat Team (RCT), east of the Chosin Reservoir in North Korea. On Nov. 29, 1950, the 31st RCT, known historically as Task Force Faith, began a fighting withdrawal to a more defensible position. Following the battle, Lies was declared killed in action. Between 1991 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to contain 350 - 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from Chongriyang-ri, a village near the area where Lies was believed to have died. To identify Lies' remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including DNA comparisons. Two forms of DNA were used: mitochondrial DNA, which matched his maternal-line sister and brother, and Y-STR DNA, which matched his paternal-line brother.

- The Defense POW/MIA Office announced the identifications of remains belonging to Army Master Sgt. Lawrence O. Jock, Battery A, 955th Field Artillery, 8th U.S. Army. He was lost July 14, 1953, in North Korea. He has been returned home and will be buried with full military honors Aug. 1 in Malone, N.Y.

## **World War II**

- The Defense POW/MIA Office announced the identifications of remains belonging to an American servicemen who had been missing in action since World War II. Returned home was Staff Sgt. Gerald V. Atkinson, U.S. Army Air Forces, 358th Bomb Squadron, 303rd Bomb Group, Eighth Air Force, who was lost April 10, 1945, north of Berlin. He was accounted for June 20, 2014. He will be buried with full military honors Aug. 16, 2014, in Chattahoochee, Fla. [Source: [http://www.dtic.mil/dpmo/news/news\\_releases/](http://www.dtic.mil/dpmo/news/news_releases/) Jul, 14 2014 ++]

## ***VA ID Card Update ► Action Needed to Obtain New VHIC***

The new Veteran Health Identification Card (VHIC) provides increased security for your personal information - no personally identifiable information is contained on the magnetic stripe or barcode. It is also a salute to your military service. The



emblem of your latest branch of service is displayed on your card. Several special awards will also be listed. The VHIC replaces the Veteran Identification Card (VIC) and will be issued only to Veterans who are enrolled in the VA health care system. Its purpose is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card, and it does not authorize or pay for care at non-VA facilities.

In February 2014, VA began issuing the VHIC to newly enrolled Veterans and enrolled Veterans who were not previously issued the old VIC but requested an identification card. Beginning in May 2014, VA started automatically mailing VHICs to enrolled Veterans who were issued the VIC. Because VA will be reissuing more than 6 million cards, they ask for your patience during this time. Veterans who were issued a VIC do not need to return to their VA medical center to have a photo taken for the VHIC. Enrolled Veterans who do not have the VIC can contact their local VA medical center Enrollment Coordinator to arrange to have their picture taken for the new VHIC, or they may request a new VHIC at their next VA health care appointment. To ensure their identity, Veterans must provide either one form of primary identification or two forms of secondary identification.

The VHIC will be mailed to all valid mailing addresses, including P.O. boxes. Veterans who are already enrolled should ensure the address VA has on file is correct so they can receive their VHIC in a timely manner. To update or to confirm your address with VA, call 1-877-222-VETS (8387). If the post office cannot deliver your VHIC, the card will be returned to the VA. Some additional actions you may need to take are:

**What to do if you are NOT enrolled.** If you are not currently enrolled with the VA for your health care, VA encourages you to apply for enrollment online at <http://www.va.gov/healthbenefits/enroll> or by calling 1-877-222-VETS (8387). You may also apply for enrollment in person at your local VA medical facility. Once your enrollment is verified, your picture will be taken at your local VA medical center so that, once production begins, a VHIC will be mailed to you. To ensure your identity, you must provide either one primary or two secondary documents.

**What to do if you do not receive your new VHIC.** You should receive your VHIC within 7 to 10 days after you request a VHIC card. Although VA strives to do all

they can to ensure they enroll Veterans in a timely manner, sometimes they are unable to either verify your military service or they need additional information from you. If so, VA will try to contact you to get the information they need to complete your enrollment application. If VA is unable to reach you, they encourage you to contact the local VA facility where the card was requested or contact them at 1-877-222-VETS (8387) to complete your application and find out the status of your card.

**What to do with your old VIC.** VA wants all enrolled Veterans to have a Veteran Health Identification Card that protects their personal information. Until Veterans receive the new, more secure VHIC, Veterans are encouraged to safeguard their old VIC, just like they would a credit card, to prevent unauthorized access to their identity information. Once the new VHIC is received, Veterans should destroy their old VIC by cutting it up or shredding it.

**What to do if you're VHIC is lost or stolen.** If your VHIC is lost or stolen, you should contact the VA Medical Facility where your picture was taken to request a new card be re-issued, or call us at 1-877-222-VETS (8387). Identifying information will be asked to ensure proper identification of the caller.

[Source: <http://www.va.gov/healthbenefits/vhic/index.asp> Jul 2014 ++]

## ***VA Burial Benefit Update ► Auto Payment Goes into Effect***

New burial regulations effective 7 JUL will now allow the Department of Veterans Affairs (VA) to automatically pay the maximum amount allowable under law to most eligible surviving spouses more quickly and efficiently, without the need for a written application. Under former regulations, VA paid burial benefits on a reimbursement basis, which required survivors to submit receipts for relatively small one-time payments that VA generally paid at the maximum amount permitted by law. "VA is committed to improving the speed and ease of delivery of monetary burial benefits to Veterans' survivors during their time of need," said Acting VA Secretary Sloan Gibson. "The recent changes allow VA to help these survivors bear the cost of funerals by changing regulations to get them the benefits more quickly."

This automation enables VA to pay a non-service-connected or service-connected burial allowance to an estimated 62,000 eligible surviving spouses out of a projected 140,000 claimants for burial benefits in 2014. Surviving spouses will be paid upon notice of the Veteran's death using information already in VA systems. The burial allowance for a non-service-connected death is \$300, and \$2,000 for a death connected to military service. This revised regulation will further expedite the delivery of these benefits to surviving spouses, reduce the volume of claims requiring manual processing, and potentially make available resources for other activities that benefit Veterans and their survivors. For more information on monetary burial benefits, visit <http://www.benefits.va.gov/compensation/claims-special-burial.asp>. [Source: VA News Release Jul 7, 2014 ++]

## **VA Nursing Update ► Full-Practice Authority Sought**

The American Association of Nurse Practitioners (AANP) on 4 JUL called on the Veterans Administration to move quickly to improve veterans' access to high-quality, timely health care by granting the VA's nurse practitioners full-practice authority throughout the system. AANP, the largest professional membership organization for nurse practitioners, also urged Congress to increase the number of nurse practitioners in VA facilities. According to AANP President Ken Miller, PhD, RN, CFNP, FAAN, the VA has already taken a critically important step to address the current health care crisis. Following the recommendations from nationally renowned policy organizations like the Institute of Medicine, the VA has proposed policy changes that would grant all VA nurse practitioners full-practice authority. However, they have not yet been implemented.

Dr. Miller said there is a simple solution: "Given the current crisis facing our nation's veterans, we urge the VA to expedite the approval process and move quickly to implement these changes across all VA settings. This will have an immediate and positive impact on the quality and timeliness of care that our veterans receive." Currently more than 5,000 Advanced Practice Registered Nurses, including thousands of nurse practitioners, provide services to veterans in VA facilities. Granting full-practice authority would allow nurse practitioners at the VA to practice to the full extent of their education and clinical expertise. Dr. Miller also urges Members of Congress and the Administration to increase the

number of nurse practitioner positions and to allow these qualified professionals to practice to their full scope throughout the VA system.

Nurse practitioners play a critical role in health care delivery across the nation. The vast majority of NPs are primary care providers. Eighty-eight percent are prepared to be primary care clinicians and over seventy-five percent currently practice in primary care settings. In addition to treating acute and chronic illnesses of patients, NPs emphasize health promotion and disease prevention in all their undertakings. Daily practice includes assessments; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment which includes prescribing medications as well as non-pharmacologic treatments; and counselling and educating patients, their families and communities. NPs are the healthcare providers of choice for millions of patients; in fact, more than 900 million visits were made to nurse practitioners in the United States in 2013. To locate a nurse practitioner in your area visit <http://npfinder.com>. [Source: PRNewswire-USNewswire July 3, 2014 ++]

## ***VA Claim Processing Update ► 228K Incomplete Claims Expire in JUL***

Hundreds of thousands of disability claims filed with the Department of Veterans Affairs' eBenefits portal launched in February 2013 are incomplete and could start to expire this month, Nextgov has learned. VA Undersecretary for Benefits Allison Hickey touted the new portal in June 2013 as simple as filing taxes online and a way to whittle down the claims backlog. "Veterans can now file their claims online through eBenefits like they might do their taxes online," she said, including the documentation needed for a fully developed claim in cooperation with Veterans Service Organizations, or VSOs, such as the American Legion or Veterans of Foreign Wars. Gerald Manar, deputy director of the National Veterans Service at VFW, told Nextgov the Veterans Benefits Administration on 26 JUN briefed VSOs on problems with the eBenefits portal, including the fact that only 72,000 claims filed through eBenefits have been completed and approved since last June, with another 228,000 incomplete.

VA spokeswoman Meagan Lutz said since February 2013, just over 445,000 online applications have been initiated. Of those, approximately 70,000 compensation claims have been submitted and another 70,000 nonrating (add a dependent,

etc.) have been submitted, leaving a total of 300,000 incomplete claims. Because a number of claims started are more than 365 days old, they have now expired, totaling an estimated 230,000 unprocessed claims. Manar said he still is trying to understand why so many vets did not complete their online claims and whether they opted to file a paper claim. Lutz said an important element of the electronic claim submission process is the ability for veterans to start a claim online with limited information to hold a date of claim, while simultaneously providing 365 days to collect data, treatment records and other related information.

Lutz said a veteran simply hits "save" and any information provided is saved in temporary tables. During that 365-day period, a veteran may add additional data or upload documents associated with that specific claim. At any point during that timeframe, a veteran can hit the "submit" button and a claim will be automatically established within the Veterans Benefits Management System, designed to entirely automate claims processing by next year, and documents will be uploaded to the veteran's e-folder. Claims submitted in eBenefits may be incomplete because many users can potentially start a claim as part of their exploration of the system. The VA eBenefits team has no way of actually knowing which claims that might be started within eBenefits are valid and or have been abandoned for any number of reasons. After 365 days, Lutz said, the data is made inaccessible and the initiated claim date is removed from the system. The system was designed to provide the veteran as much flexibility as possible in preserving that start date as well as support the Fully Developed Claim initiative, which gives the veteran the opportunity to accrue additional benefits for providing all the data needed to rate the claim.

Lutz said if vets try to submit electronically hundreds of documents, such as PDFs of medical records, "the volume of documents makes electronic submission very difficult, and we always recommend that they work with a Veterans Service Organization, as the VSOs have the expertise to ensure that the right information is gathered and submitted." VSOs have little visibility into the claims filed to date through the eBenefits portal because of design problems with the information technology system set up, the Stakeholder Enterprise Portal (SEP), Manar said. That portal only allows for broad searches for claims at the state and the VBA regional office level, and limits any search to 1,000 claims. If the search results in more than 1,000 records, SEP returns a message that the system is not available, rather than the search went over the 1,000 file limit, Manar said. SEP is also not

set up to notify VSOs when a claim is filed through eBenefits, nor does it provide alerts when claims are due to expire, Manar said and urged VA to fix SEP to provide such notifications.

SEP, Manar said, was not “well thought-out” when fielded and “the whole system was not ready for prime time.” Lutz said VA SEP design team is working as quickly as possible to help VSOs to review more than 1,000 files in SEP without getting an incorrect error message. She said VA plans a new release of SEP this month to VSOs, which will allow VSOs to submit claims directly to VBMS for veterans who hold power of attorney. This update would eliminate the need for the veteran to submit from the eBenefits portal. “This, we believe, will be a major milestone in the VSO community that will accelerate acceptance of the electronic process,” Lutz said. [Source: NextGov | Bob Brewin | Jan 3, 2014 ++]

## ***VA Claims Backlog Update ► Frequently Overlooked Claims***

The long-standing slog within the Veterans Affairs Department to cut down its mountain of disability claims has been well documented. Or has it? The VA loves to talk about how it's on track to reach its goal next year of completing all disability compensation and pension claims within 125 days—keeping them off the dreaded “backlogged” list. Frequently overlooked? The other two-thirds of VA claims—or more than 1 million requests—aren't subject to the department's 125-days, 98-percent accuracy goal. “The VA does a good job in convincing lawmakers and the public and the media that the only claims that everybody should be focused on should be disability claims,” said Gerald Manar, national veterans service deputy director at the Veterans of Foreign Wars and a former 30-year VA employee. “... It's disingenuous of VA leaders to claim that they've made progress, but there's still all this other work out there.”

What are these other claims clogging up the VA's system? They run the gamut from aiming to change the amount of disability pay a veteran receives to appealing previous decisions by the department. They also include responses to congressional inquiries. So while the number of pending VA disability claims has shrunk in recent years, the number of overall claims has mushroomed to roughly 1.64 million. That's compared with 941,666 in late 2009. Here is a breakdown of the main claims the VA is wrestling with under the radar.

- Award Adjustments.** For those of you who don't spend your free time digging around the VA's website or aren't fluent in VA-speak, an award adjustment is, well, exactly what it sounds like. Veterans or their family members can try to change the amount awarded to them or their family members for a variety of reasons. The VA can also request a change. For example, a veteran could want to reinstate a child's dependent status, so the child can receive payments from the VA. Or the department could try to decrease pension pay for veterans whose income exceeds a certain threshold. The VA needs to tackle 471,418 of these award adjustments, which are divided between compensation and pension payments. And although these outstanding claims aren't included in the VA's drive to cut the backlog, nearly 70 percent of them have been pending for 125 days or more.
- Appeals.** These make up the second largest group of the VA's other claims. There are 279,055 pending appeals, which is more than the VA's infamous number of backlogged disability claims. Veterans' advocates are split on what is behind a recent increase in appeals. Some believe that in the race to clear the claims that are officially "backlogged," more veterans are forced to appeal VA decisions that were rushed or inaccurate. Others say that as the number of claims that are processed increases, it makes sense to see a correlating increase in appeals. Either way, the appeals process can leave a veteran in claims limbo for an additional two and a half years.
- The Others.** Think of it as the kitchen drawer where you stick the odds and ends—random takeout menus, those holiday cookie cutters that you never used, a broken can opener you should probably just throw away. Except when it comes to these other claims, the VA has a lot of them—327,602 to be exact, a majority of which are tied to compensation. These claims can include Freedom of Information Act requests, cost-of-living adjustments, and even correspondence with lawmakers. They also include internal quality reviews—an in-house attempt to catch serious mistakes. A minority of these claims—slightly more than 30,000—are tied to pensions, which follows a larger trend in which pension claims make up a relatively small amount of the VA's total claims workload.

And while acknowledging that the VA has made progress on its disability compensation and pension claims, Manar said, "The problem is that they've done it to the exclusion of much of the rest of the workload, and, as a consequence, there are even more glaring problems." [Source: National Journal | Jordain Carney | Jun 26, 2014 ++]

## **VA Credibility Update ► Chief Medical Inspector Steps Down**

The head of the Department of Veterans Affairs' medical investigation unit has stepped down, the department announced 2 JUN, just days after a federal watchdog sharply criticized the department for failing to adequately investigate allegations of poor care within its sprawling hospital system. The official, Dr. John R. Pierce, who had been director of the department's office of medical inspector, is the fifth senior V.A. official to depart in the past six weeks, a period in which the department has come under fierce criticism and intense scrutiny amid allegations that veterans hospitals had been hiding long delays in patient care. The departing senior officials have included the secretary of Veterans Affairs, Eric Shinseki, and the department's head of health care, Dr. Robert Petzel. Mr. Shinseki removed Dr. Petzel in May even though he was due to retire within months.

In a sign that the White House is moving to address some of the most pressing problems as the department awaits Mr. Shinseki's replacement, the acting secretary, Sloan D. Gibson, has brought in two special advisers with deep experience in Veterans Affairs. President Obama has nominated Robert A. McDonald, a West Point graduate and former chief executive officer of Procter & Gamble, to be the new secretary of Veterans Affairs. He must be approved by the Senate. One of the two new special advisers, Leigh Bradley, was the department's top lawyer during the Clinton administration. She has returned as special counsel to Mr. Gibson, and will work with a crisis-response team that, among other tasks, will review cases of retaliation against whistle-blowers. The other adviser, Jonathan B. Perlin, has taken a leave of absence from the Hospital Corporation of America, where he was chief medical officer, to assist Mr. Gibson. Dr. Perlin was the department's under secretary of health during the George W. Bush administration.



Dr. Pierce's departure came after Carolyn N. Lerner, head of the Office of Special Counsel, which investigates whistle-blower complaints in the federal government, sent a blistering letter to Mr. Obama last week criticizing the department for not digging deeper into widespread allegations from its employees of poor or delayed care for veterans, singling out the medical inspector's office. In response, Mr. Gibson ordered a review of the office. Another official likely to play a significant role in refashioning the department is Dr. Carolyn M. Clancy, who has served since August 2013 as the assistant deputy under secretary for health quality, safety and value. She is now interim head of the department's health care system, while the Obama administration seeks a permanent under secretary for health. It is not yet clear whether Mr. McDonald will have his confirmation hearing before lawmakers leave for their August break. In the meantime, Mr. Gibson has been taking steps to address criticism from Congress and veterans groups. On Tuesday, he met with Ms. Lerner and outlined a new way to resolve cases where whistle-blowers in the department have been the victim of retaliation.

Now, when the Office of Special Counsel brings such cases to the department, they will be handled by a crisis-response team that includes Ms. Bradley, who joins the department on Monday on temporary assignment from her current job as director of the Pentagon's standards of conduct office. In an interview, Ms. Lerner said that Mr. Gibson has committed to resolving meritorious whistle-blower retaliation cases on an expedited basis through the integrated crisis response team. "I'm hopeful this will avoid the need for lengthy investigations and help whistle-blowers who have suffered retaliation get back on their feet quickly," she continued. Paul Rieckhoff, who heads the Iraq and Afghanistan Veterans of America, said that the personnel moves, taken together, seemed to reflect Mr. Gibson's lack of trust in much of the department's bureaucracy. "I think he's doing an admirable job, but that culture hasn't changed yet," Mr. Rieckhoff said. "He can say all he wants at the top, but it doesn't mean anything if the fiefdoms don't comply." [Source: The Associated Press | Matthew Daly | July 3, 2014 ++]

## ***VA Credibility Update ► Good Health Care Claim Undermined***

Testimony from a Tuesday evening 7 JUL congressional hearing cast the troubled Department of Veterans Affairs in even greater disrepute, and undermined the

agency's claim of providing good health care. The House Veterans' Affairs Committee that has probed the coverup of long waits at veterans hospitals focused its attention on the federal employees who turned back the covers, sometimes risking their careers to do so. The committee also heard testimony from the head of the U.S. Office of Special Counsel, who provided shameful examples of patient neglect, after they were hospitalized — indicating this is more than a waiting-list problem. Instead of heeding truth-tellers, VA retaliated against whistleblowers, according to complaints filed with the Special Counsel, which deals with whistleblowers government-wide.

Tuesday's session was another in a long series of hearings called by Chairman Jeff Miller (R-FL.), who has been leading a probe into VA mismanagement. Revelations prompted by whistleblowers and outrage from members of Congress and veterans led to the resignation of former secretary Eric K. Shinseki in May. Miller criticized "the organizational cesspool at VA." In her written remarks, Special Counsel Carolyn Lerner told the committee that "too often VA has failed to use the information provided by whistleblowers as an early warning system. Instead, in many cases VA has ignored or attempted to minimize problems, allowing serious issues to fester and grow." In one disturbing example of bad care, Lerner told about patient-neglect disclosures from a VA psychiatrist whistleblower at a long-term mental health-care facility in Brockton, Mass. A "veteran was admitted to the facility in 2003, with significant and chronic mental health issues," she said. "Yet, his first comprehensive psychiatric evaluation did not occur until 2011, more than eight years after he was admitted, when he was assessed by the whistleblower. No medication assessments or modifications occurred until the 2011 consultation." That's disgraceful.

Also disgraceful — Lerner described a bureaucracy that appears almost unconcerned. "VA, and particularly VA's Office of the Medical Inspector, has consistently used a 'harmless error' defense, where the department acknowledges problems but claims patient care is unaffected," she said, quoting her June 23 letter to President Obama. "This approach hides the severity of systemic and long-standing problems, and has prevented VA from taking the steps necessary to improve quality of care for veterans." She also said "schedulers were placed on a 'bad-boy' list if their scheduled appointments were greater than 14 days from the recorded 'desired dates' for veterans." When patients were not seen within the 14-day target set by management, records were falsified or

manipulated, so it would appear the goal had been met. In some cases, those actions apparently were driven by the desire to get performance awards that were based, at least in part, on the ability to meet the target. “The manipulation of data to game performance goals is a widespread cancer within VA,” Miller said. While reports and surveys indicate patients generally like VA health care once they get it, Lerner’s statement shows the agency cannot rest on laurels in the face of strong criticism.

In testimony submitted to the committee, Katherine L. Mitchell, an internist at VA hospital in Phoenix, described an agency suffering from an integrity deficit. “Ethics have never been made an official VA performance measure, and thus do not appear to be a clear administrative goal,” she said. “There seems to be no perceived financial advantage to pursuing ethical conduct. Administrative repercussions are lacking for unethical behaviors that are so routinely practiced among senior executive service employees.” Of course, federal employees should not need a financial incentive to engage in ethical conduct. But there were financial inducements, in the form of employee performance awards or bonuses that provided perverse incentives to meet productivity targets.

Without responding to specific cases raised by Lerner or the whistleblowers, James A. Tuschmidt, VA’s acting principal deputy undersecretary for health, told the committee that “intimidation or retaliation against whistleblowers . . . is absolutely unacceptable. “We all have a responsibility for enforcing appropriate workplace behavior,” he said in a prepared statement. “Protecting employees from reprisal is a moral obligation of VA leaders, a statutory obligation, and a priority for this department.” If that’s true now, with VA under tight scrutiny, the testimony indicates VA has not always met its moral obligation. Chronicling a long list of VA whistleblower cases, Lerner said “based on the scope and breadth of the complaints OSC has received, it is clear that the workplace culture in many VA facilities is hostile to whistleblowers, and actively discourages them from coming forward with what is often critical information.” [Source: The Washington Post | Joe Davidson | Jul 8, 2014 ++]

***VA Secretary Update ► Former Procter & Gamble  
CEO Nominated***

The White House on 30 JUN nominated former Procter & Gamble CEO Bob McDonald to take over as the next Veterans Affairs secretary, charged with fixing the ongoing veterans care delay scandal and restoring public faith in the department. McDonald, a West Point graduate, retired from the corporate giant one year ago. He brings considerably more business experience than military experience, spending five years after graduation in the Army and 33 years working with Procter & Gamble's various offices. Although he lacks strong ties to the major national veterans groups, McDonald still is close to officials at West Point, where he established the biennial McDonald Cadet Leadership Conference. His military career was primarily with the 82nd Airborne Division. McDonald is also a life member of the U.S. Army Ranger Association and the 75th Ranger Regiment Association.

The 60-year-old's nomination comes exactly a month after former VA Secretary Eric Shinseki was forced to resign from the post he held more than five years, the longest tenure since the department was created. More than 100 members of Congress demanded Shinseki's departure after weeks of reports about medical appointment problems at dozens of VA hospitals across the country. The department's office of inspector general is still investigating those reports and how many hospital officials may have covered up access problems to protect performance bonuses. In his final public remarks before resigning, Shinseki took responsibility for the widespread care delays but also added his own dismay and shock that numerous high-level VA employees would put their own interests before that of veterans. McDonald's departure from Procter & Gamble was also sudden, and came after external and internal criticism about how he was managing the company of 120,000-plus employees. The move is in line with calls for an executive to better manage the second-largest government department, one with more than 300,000 employees and a host of questions about whether the past leadership could handle the work.

One senior administration official said McDonald can bring "well-honed management chops" to the embattled VA. At P&G, he rose from an entry-level job to CEO, holding management positions at many different areas of expertise and countries. Still, the move was a surprise to many in the veteran's community. Paul Rieckhoff, founder and CEO of Iraq and Afghanistan Veterans of America, said officials there are looking forward to meeting and working with McDonald, but also concerned about his lack of direct ties to younger veterans. "There needs to

be a youth surge at VA,” he said. “We hope that one of the first things he does is to reach out to our community, to help move ahead on fixing the department.” Lawmakers have characterized the department’s problems as a cultural failure, caused by a bureaucracy that rewards reaching arbitrary metrics more than actually helping veterans.

The nomination comes with just a few weeks left in Congress’ legislative schedule before an extended, pre-election break. Senate officials have already promised to work quickly on the nomination, but it still could be difficult to finish the background work for confirmation before August arrives. In a statement, Senate Veterans Affairs Committee Chairman Bernie Sanders (I-VT) said he planned on meeting with McDonald in the next week. “The VA needs significantly improved transparency and accountability and it needs an increased number of doctors, nurses and other medical staff so that all eligible veterans get high-quality health care in a timely manner,” he said. House Veterans Affairs Committee Chairman Jeff Miller(R-FL) said in a statement that McDonald will need to “root out the culture of dishonesty and fraud that has taken hold within the department” in order to succeed. “The only way McDonald can set the department up for long term success is to take the opposite approach of some other VA senior leaders,” he said. [Source: MilitaryTimes | Leo Shane | Jun 29, 2014 ++]

## ***VA Whistleblowers Update ► 67 Claims of Retaliation / 25 since 1 JUN***

A federal investigative agency is examining 67 claims of retaliation by supervisors at the Department of Veterans Affairs against employees who filed whistleblower complaints — including 25 complaints filed since 1 JUN, after a growing health care scandal involving long patient waits and falsified records at VA hospitals and clinics became public. The independent Office of Special Counsel said 30 of the complaints about retaliation have passed the initial review stage and were being further investigated for corrective action and possible discipline against VA supervisors and other executives. The complaints were filed in 28 states at 45 separate facilities, Special Counsel Carolyn Lerner said.

Instead of using information provided by whistleblowers as an early warning system, the VA often "has ignored or attempted to minimize problems, allowing serious issues to fester and grow," Lerner said 8 JUL at a hearing before the House

Veterans Affairs Committee. Worse, officials have retaliated against whistleblowers instead of investigating their complaints, she said. Lerner said her office has been able to block disciplinary actions against several VA employees who reported wrongdoing, including one who reported a possible crime at a VA facility in New York. The counsel's office also reversed a suspension for a VA employee in Hawaii who reported seeing an elderly patient being improperly restrained in a wheelchair. The whistleblower was granted full back pay and an unspecified monetary award and the official who retaliated against the worker was suspended, Lerner said.

James Tuchschiidt, a top official at the Veterans Health Administration, the VA's health care arm, said he was sorry that VA employees have suffered retaliation after making complaints. "I apologize to everyone whose voice has been stifled," he said after nearly three hours of testimony by other hearing witnesses about VA actions to limit criticism and strike back against whistleblowers. "That's not what I stand for," Tuchschiidt added. "I'm very disillusioned and sickened by all of this." The VA said earlier Tuesday it was restructuring its Office of Medical Inspector following a scathing report by Lerner's agency last month. Acting VA Secretary Sloan Gibson said the department would appoint an interim director of the medical inspector's office from outside the current office and was suspending the office's hotline immediately. All complaints would be referred to the VA's Office of Inspector General.

The head of the medical inspector's office retired 30 JUN following a report by the Office of Special Counsel saying that his office played down whistleblower complaints pointing to "a troubling pattern of deficient patient care" at VA facilities. "Intimidation or retaliation — not just against whistleblowers, but against any employee who raises a hand to identify a problem, make a suggestion or report what may be a violation in law, policy or our core values — is absolutely unacceptable," Gibson said in a statement. "I will not tolerate it in our organization." Meanwhile, a doctor at the Phoenix veterans hospital says she was harassed and humiliated after complaining about problems at the hospital, where dozens of veterans died while on waiting lists for appointments.

Dr. Katherine Mitchell said the hospital's emergency room was severely understaffed and could not keep up with "the dangerous flood of patients" there. Mitchell, a former co-director of the Phoenix VA hospital's ER, told the House

committee that strokes, heart attacks, internal head bleeding and other serious medical problems were missed by staffers "overwhelmed by the glut of patients." Her complaints about staffing problems were ignored, Mitchell said, and she was transferred, suspended and reprimanded. Mitchell, a 16-year veteran at the Phoenix VA, now directs a program for Iraq and Afghanistan veterans at the hospital. She said problems she pointed out to supervisors put patients' lives at risk. "It is a bitter irony that our VA cannot guarantee high-quality health care in the middle of cosmopolitan Phoenix" to veterans who survived wars in Iraq, Afghanistan, Vietnam and Korea, she said.

Scott Davis, a program specialist at the VA's Health Eligibility Center in Atlanta, said he was placed on involuntary leave after reporting that officials were "wasting millions of dollars" on a direct mail marketing campaign to promote the health care overhaul signed by President Barack Obama. Davis also reported the possible purging and deletion of at least 10,000 veterans' health records at the Atlanta center. More records and documents could be deleted or manipulated to mask a major backlog and mismanagement, Davis said. Those records would be hard to identify because of computer-system integrity issues, he said. Rep. Jeff Miller, R-Fla., chairman of the House veterans panel, praised Mitchell and other whistleblowers for coming forward, despite threats of retaliation that included involuntary transfers and suspensions. "Unlike their supervisors, these whistleblowers have put the interests of veterans before their own," Miller said. "They understand that metrics and measurements mean nothing without personal responsibility." Rather than push whistleblowers out, "It is time that VA embraces their integrity and recommits itself to accomplishing the promise of providing high quality health care to veterans," Miller said. [Source: AP | Matthew Daly | Jul 8, 2014 ++]